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Treating the Anti-Social Privately

Dr. Rubin Discusses Principles of Technique Which Have Guided Him in Office Practice

WILLIAM H. RUBIN, M.D.

While there have been a number of studies on treating the psychopath in controlled institutional settings, there is regrettably very little in the literature about treating the psychopathic or anti-social patient in private practice. I have seen a number of such patients in my own practice and would like to lay down a few working rules or principles of technique which have guided my approach to these patients.

I am aware that I am stepping into a controversial area by mentioning the psychopath. I will avoid becoming involved in the controversy at this time by stating that the patients I treated were youngsters who engaged in law-breaking activities, who acted out their conflicts rather than turning them against themselves. They were what would be termed, without much discussion, character cases. For example, one patient had a long history of stealing, another of homosexuality and stealing, another of assaultive behavior.

The psychopathic adolescent approaches therapy with a worldly, sophisticated facade achieved primarily by devaluation of those situations in which he is inadequate. Because of his primarily narcissistic state, he is unable to tolerate the tensions resulting from failures in acceptable social situations. When a workable dependency relationship has been established, the patient turns to the therapist with the most naive questions, which in the neurotic would be interpreted perhaps as an attempt on the patient's part to surrender responsibility to the therapist. These questions should be accepted both as an admission that the grandiosity, hostility, and anti-social demeanour are a defense against his inadequacies, real or otherwise, and as an expression of trust in the therapist.

The psychopathic patient does not seek therapy in the ordinary sense, and for this reason a passive analytic approach is not feasible. Behind the psychopathic attitude lies a mountain of resentment, disappointment, and retaliatory wishes, and, in order to forestall impulsive acting out or aggressive behavior, an immediate involvement of the patient in the treatment must be secured. We cannot afford to await the outcome of trial and error as we often do with the neurotic patient, since the situation contains so many potentially destructive elements for both the patient himself and society.

Rejection of the maternal figure by the patient extends to adult social values, i.e., defective superego formation. He frequently is aware of these values but feels justified nonetheless in his rejection of them. An early analytic, interpretive approach usually produces an intense transference reaction fraught with all the ambivalence, sadism, and destructiveness with which the patient has been heretofore unable to cope.

A more pedagogic and therefore directive therapy is indicated, much along the lines of Aichhorn's early techniques.

Social Orientation Aids The Young Delinquent

ERNST PAPANEK

Society has rightly decided that the sick juvenile mind should not be held legally responsible for delinquent acts. Children who have never known understanding, love, prestige, and social acceptance, or who have misinterpreted or misused them when they were offered in an over-protective and unchallenging way and reacted with a neurotic or delinquent response, do not need punishment. But we are completely wrong if we interpret the abolishment of legal responsibility to mean also abolishment of all social and psychological responsibility. No treatment nor reeducation, as a matter of fact, no education nor growth into a healthy mature human being can be achieved if the individual is not considered to be socially and psychologically responsible for his acts.

Feelings of belonging and social feelings for other human beings are without meaning if they

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Imaginative Application of Available Knowledge Is Needed

C. V. RAMANA

Psychiatric and psychoanalytic writing for the past decade has produced a plethora of books and journals on delinquency in a language that has become increasingly esoteric and mystical.

S. Rubin in an article in the Annals of the American Academy of Political Science (1949) gives the legal definition of delinquency as "juvenile delinquency is what the law says it is." Juvenile delinquency, then, is "an artificial concept, legal and social in origin. It involves a social 'disadaption' but all socially maladjusted people are not delinquents and all delinquents are not socially maladjusted."

Nevertheless, to be brought before a juvenile court and to be subjected to various measures creates a number of psychological reactions which delinquents have in common and which give a secondary psychological homogeneity to an otherwise heterogeneous group.

Commenting on 'conscientious and scientific' research Rubin goes on to state: "The subject does not lend itself to experimentation, and statistical procedures, such as the comparison between 'normal' and 'abnormal' groups, are full of pitfalls for the unwary." This timely warning cautions the workers in this complex field of human endeavor not to attempt to ape blindly the "scientific techniques" that serve the natural sciences so well.

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The Changing Pre-Sentence Role of the Criminal Lawyer

MORRIS LEVY AND EARLE WARREN ZAIDINS

The picture of the criminal lawyer as essentially a shrewd histrionic court strategist has undergone drastic revision in recent years due to two significant trends: 1) the modern court is more inclined to temper justice with mercy; 2) sociological and psychological sciences can offer workable aids for rehabilitation in the community.

Let us make certain elementary distinctions here about the role of the criminal lawyer. When the client proclaims his innocence, the lawyer defends him and sees that he gets justice in a fair court trial. Few clients however insist they are innocent. For those who acknowledge guilt—and for those who are found guilty by trial—the lawyer's role switches from staunch defender of his client's rights, to that of personal pleader or friend in court. His object is to influence the judge's attitude towards the offender by appealing to the judge's reason in the hope that he will be moderate, and by appealing to his sympathy in the hope that he will be lenient.

The courts of today, at least in the big cities, have a very efficient pre-sentence investigation staff in the probation department, so that by sentencing day the judge has at his disposal an extensive case-history of the offender. What more can the attorney offer? Should he go through the motions in the traditional ways . . . express his client's desire to reform, bring up his client's good points and ask for mercy, just to show the client and his family that he is earning his fee? In other words is the lawyer destined to stand by helplessly while his pre-sentence effectiveness shrinks to the lowly status of hired special pleader?

Indeed not! Rather than diminished, the pre-sentence importance of the lawyer can now be enhanced tremendously. This implies, of course, that he is ready to discard a lot of old-fashioned conventional notions, swinging away from reliance on his courtroom manner and eloquence in swaying the judge, and *concentrating instead on presenting sound alternatives to drastic sentences*. He must shift from pious hopes to positive proposals. He must leave the grim details of the offender's past to the probation department, while he mobilizes and elaborates the forces for producing a more stable future.

The forward-looking attorney should acquaint himself thoroughly with the social and psychological resources of his community. In New York City, for example, there is a directory called "Social and Health Agencies of New York City," which provides names and descriptions of every agency that might be useful for his client. Other cities no doubt have similar directories. Then there is the Welfare Council which provides a free information bureau for evaluating services offered. He also can refer to the Mental Health Council and similar community resources.

He should prepare his case in the pre-sentence phase as thoroughly as he does in the pre-trial one. He should contact the most likely agency or professional person who can provide a skilled service for insuring that his client will receive the necessary treatment to prevent his recidivating or continuing his criminal career. When the attorney enters court on sentencing day he will then be able to offer a program for reform and rehabilitation to the judge. This program should be documented with appropriate letters, from the heads of agencies, psychiatrists or psychologists, outlining in detail the plan that will be pursued.

Such revised pre-sentence activities of the attorney are not only more beneficial to the client, but they offer a good deal more gratification to the attorney himself. We must not forget that, while the attorney has definite obligations to work in his client's best interest, he is nevertheless first and foremost a reputable citizen of his community. In reviewing the parade of our past clients we cannot deny that many times, while working as hard as we could to mitigate the severity of the court, we had qualms whether leniency alone was the wise course. After the offender got his chance, then what? Certainly we did our job as attorneys, but did we perform our duty as a citizen? This dilemma can now be resolved satisfactorily by the new social approach.

There has always been the question whether a person who has been guilty of a crime—not all types of crimes but many of them—should be classified as a criminal or one with an unhealthy mind. Narcotic addicts today are often classified as mentally sick people and we are of that school of thought. Should we not, however, say that constant repeaters are also sick? It is axiomatic that one who is unable to adjust to the ordinary demands of society is in dire need of psychological treatment.

The attorney's zeal in striving to insure that his client remain in the community in order to receive treatment is reenforced by his knowledge that for most offenders institutionalization worsens rather than remedies his malady. We are all acquainted with the high rate of recidivism of prisoners. Let us take even such a specialized institution as the Government Hospital at Lexington. We have heard that the statistics for cure of addiction is a shameful 2 per cent. It is no mystery why. How can we expect a cure when the patient is thrown together with nothing but addicts, who do nothing but talk, live and breathe the lore of narcotics? We could expect as much if we threw together homosexuals—who enormously enjoy one another's company—and wistfully hope for a cure.

Keeping the offender in the community, in preference to incarceration, then, is not only a personal success for the attorney, but moreover is best for society because it is while he is at liberty that he can receive the treatment and attention necessary for his cure.

Imaginative Application of Available Knowledge Is Needed

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It is indeed a paradox of our times that psychoanalytic and psychiatric research in delinquency has not made any significant gains since the pioneering efforts of Aichhorn in the early thirties. We have gained little from armchair theorizing. Zilboorg once aptly called the present period of passionate internecine struggles in the psychoanalytical movement a "political decade" and contrasted the late twenties and early thirties as the "erudite period." Small wonder then, while we idolize and deify Freud and Aichhorn, we are not willing to follow their example and plant our feet firmly in clinical work. What we need is a bold imaginative application of our present available knowledge using the very tools that Aichhorn gave us over three decades ago.

Currently in vogue is the tendency to offer therapy, psychoanalytic or otherwise, without making a careful differential diagnosis. The therapy itself then fosters a pattern of symptomatology which in turn clouds the true etiology of delinquency. To describe this secondary reenforcement of pathology, psychoanalysts have taken to inventing terms such as "counter-delusional distortions", "hypertropic egos", "ego nutrition", etc. Such a naivety cannot be condemned too strongly.

Despite vast technological advances, man and his problem children continue to challenge our ingenuity. We must be willing to accept the difficulties inherent in the field without wishing for the illusions of "inter-disciplinary" saving of humanity.

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Office

9 East 97th Street

New York 29, N. Y.

The Unstable Check Forger Needs Help

MAURICE FLOCH

There is hardly a type of offender who needs psychiatric treatment more than the emotionally unstable check forger, or, as the convicts call him, the "paper hanger"! As any penologist knows, there are two major types of "paper hangers." The first kind, which constitutes the minority, comprises the professionals. These are, one might say, a form of businessman who deliberately and with considerable training embarks on a career of check forgery. They pick this occupation with the same resolve and purposiveness with which others might choose carpentry or bookkeeping. There is little wrong with them emotionally or intellectually. On the contrary, they are mostly bright and relatively stable people who can stick to a course of action steadfastly and with determination. The fact that they have turned to check forgery as an occupational adjustment is mostly a matter of sociological conditioning.

It is the second category, the already suggested emotionally unstable check forgers who are known to require psychiatrically oriented attention of the most intensive kind. Why? Because most of them blunder into crime accidentally as a by-product of a serious emotional turmoil and certainly not as a deliberate occupational choice. Thus, in the second group, which comprises the great majority of check forgers, we find a motley crowd of maladjusted people who suffer from a variety of afflictions such as sex deviations and disturbances of every description, dependency patterns, deep seated inferiority feelings, alcoholism, and a host of other interpersonal difficulties. In these cases the check forgeries represent not deliberate crimes but desperate efforts to solve unbearable tension situations. Yet the law insists upon treating both types of check forgers in the same way, namely, by prescribing long prison terms, up to 14 or more years, despite the well known fact that check forgers of this type are not fazed in the least by imprisonment and keep on repeating their offenses notwithstanding the many years of incarceration.

Critically minded criminologists are convinced that what these people need, above all, is psychiatric treatment which would help them to alleviate their emotional suffering as well as educate them to cope with their problems. They are also convinced that such treatment could best be administered while the offender was under probationary supervision and functioning as a relatively free agent in the community rather than a prison automaton. Intelligent criminologists are certain that the emotionally unstable forgers could be adequately controlled by repeated, short, county jail incarcerations to bring about the sense of crisis which is a necessary precondition for the acceptance of treatment. Psychiatric treatment in these types of cases would serve not only the cause of the offender but also that of society, both in the short and long run.

Teen-Age 'Marriage' at a Girls' School

JOSEPH D. NOSHPITZ, M.D.

Some years ago I had a rather intensive psychotherapy experience with a girl who had spent some time at the Girls' Industrial School at Beloit, Kansas. During that interval, the school was run on rather punitive lines and the girls were restricted very sharply in their freedom and human relationships. A great deal of symptomatic behavior ensued, such as repeated running away and much self-inflicted scarification of the skin.

Of particular interest, however, was the pattern of compensation for the absence of normal family ties which developed. As described by my patient, the girls would adopt new names, some taking boys' names and some girls' names. They would then arrange for "dating" between some particular "boy" and "girl", which courtship eventually would lead to a proposal and to marriage. When a marriage had been agreed to, arrangements would be made on rather an elaborate scale and with much anticipation. One girl would be chosen as judge, another would prepare a marriage certificate—this was usually a very elaborate document ornately decorated and the subject of much loving labor. The wedding guests would be selected and the group would get together at the predetermined rendezvous where a very formal marriage ceremony would take place.

Once united in matrimony—often with a ring or even a band of twisted cellophane improvised for the occasion—the relationships were often taken quite seriously and might be maintained for a period of months. Moreover, this family could adopt other youngsters who would become, respectively, son or daughter and there might be some effective work done on the part of the "parents" to keep their offspring out of trouble. In this manner, quite a few of the young teen-age girls at the institution were able to develop and maintain some sort of a family tie. My informant stated that overt homosexuality, although widely practiced in the institution, was not usually, and certainly not necessarily, a part of these connubial relationships.

Some months after working with this girl, I chanced to visit the institution and, in talking with the cottage parents, I found confirmation of the existence of these "marriages"—one of the house mothers said she had recovered marriage certificates from some of the girls' possessions but was unable to show them to me because she had thrown them away.

LIST OF CONTRIBUTORS

MAURICE FLOCH: Clinical Psychologist, Detroit House of Correction.

MORRIS LEVY and **EARLE WARREN ZALDINS**: Criminal Lawyers; Members, New York Bar.

JOSEPH D. NOSHPITZ, M.D.: Chief, Children's Service, National Institute of Mental Health.

ERNST PAPANEK: Director, Wiltwyck School for Boys, New York State.

C. V. RAMANA: Psychoanalyst; Editor, *Samiksa*.

WILLIAM H. RUBIN, M.D.: Psychiatrist, Clinical Instructor, University of State of New York.

MELITTA SCHMIDEBERG, M.D.: Psychoanalyst; Chairman, Executive Committee, APTO.

JACK SOKOL: Executive Director, APTO.

Insensitization in the Psychopathic Personality

MELITTA SCHMIDEBERG, M.D. AND JACK SOKOL

It is important for the study of the psychopath to understand a mental process which so far has been largely unexplored in psychiatry. We call this process *insensitization*. By means of insensitization an individual attempts, consciously and unconsciously, to master unpleasant or intolerable feelings by blunting them, denying them, repressing or suppressing them, or dissociating them from activities with which they are normally connected. Insensitization, then, is a broad defensive and adaptive process rather than a specific mechanism. It uses unconscious, conscious, and preconscious mechanisms with a heavy leaning on denial, repression and even conscious suppression. The psychopath uses insensitization to deny or avoid not only painful kinds of feelings, like anxiety, embarrassment, shame, and guilt, but feelings generally regarded as pleasant, like joy, affection, satisfaction, love, kindness, and even civic pride.

Insensitization cannot always be considered abnormal. It helps the individual to tolerate unavoidable anxieties and frustrations in his adaptation to the pressures of normal living. The blunting of feelings reduces his apprehension concerning such everyday matters as crossing through traffic, walking down a dark street, driving an automobile and going up in a plane. It enables the surgeon to operate on his patient, the builder to work on a scaffold, and the diver to go down into the sea. Without such a process we could not induce a soldier to go off to war, or a policeman to go out and fight criminals. Insensitization helps us also to get over our griefs or at least limit them. The healing quality of time is due largely to a process of insensitization.

An extreme state of insensitization is, so to speak, the ideal of the psychopath. He hopes to get peace of mind from the realization of this ideal, but also to become a superman. By not having feelings like ordinary people he frees himself from the holds and restraints of social relationships—where warmth and sympathy make him obligated to be nice, and shame and embarrassment are supposed to make him feel guilty. But this ideal is just one feature characterizing the psychopath; an even more specific feature identifying him is his tendency to test constantly his ability for mastering his feelings. He is impelled to test himself, often without discrimination, as to the importance or intensity of the feelings involved. It may concern something so simple as to whether to have a cigarette or not, or whether to commit an atrocious crime. Psychopaths feel that every situation challenges their ability to control their emotions, whether these emotions be gratitude or anxiety.

To meet this continuous challenge the psychopathic type of personality must make sweeping use of insensitization. He must nullify, redirect or disassociate the protective or screening fore-warning emotions so that they will not deter him, as they normally would in the service of self-preservation. He thrusts himself into a danger to reassure himself of mastery of his fore-warning feelings. By engaging in the activity he reassures himself of his ability to control the emotions attendant on it. By ignoring consequences he reassures himself of his power to cope with the emotions connected with these consequences. He concerns himself, then, not with the possible punishment or harm to himself, but with the boldness and *sang froid* with which he goes into the situation.

Social Orientation Helps Juvenile Delinquents

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are not closely interrelated with, are not derived from, and do not lead to social and psychological responsibility. It is no overstatement to say that many children, and grownups as well, become delinquent because they are prevented from taking a responsible place in the community and therefore over-compensate for their feeling of social and emotional inferiority by "acting out" in neurotic or delinquent fashion. When they are not trusted as responsible human beings because they are considered to be "still a child" or inadequate in comparison with others, they often take an abnormal and delinquent road—a road away from normal relations and with strong, emotionally loaded, and hardened deviations. Perhaps even the psychopath is only a deviate who uses strong asocial fixations to escape the serious frustrations suffered in early childhood when he tried to take the responsibilities which he related to his feeling of belonging and to his social feelings in interpersonal and over-all community relations.

Whatever the theoretical interpretation for the delinquent or psychopathic asocial personality may be, in their treatment and reeducation we must give them a much needed social orientation and a structured environment which will enable them to relearn what their role is in society and what their responsibilities are to society. If we want to help them to carry the heavy burden of the physical and emotional consequences for their deviate behavior while they fight to change this behavior, we will certainly have to accept them as they are—an attitude that, unfortunately, is often called permissiveness. We will, knowingly but not approvingly, have to disregard their deviate behavior and still accept them, still like them and still be willing to help them to get rid of it, in spite of so many failures. But we will, at the same time, ask him to accept the consequences of his acts and responsibility for his behavior.

We must convince the child that we do not demand blind obedience or timid conformity to rules and regulations, to thoughts and behavior he does not understand. We want him to learn, by example, by doing, and by living, that the "iron laws of human co-living" make it impossible for any individual to achieve security or happiness, acceptance, prestige or significance, friendship or love, if his actions do not contribute to the well-being of the other members of his society, but are instead directed against others or against the community.

The one-to-one relationship between patient and therapist is with most of these cases, especially with the juvenile delinquent, not enough. In group therapy and in so-called milieu therapy we can give him a better chance to

(a) see himself mirrored by more than the one and permissive therapist, (he will see the reactions of other, more critical members of the group in whose understanding and acceptance he is greatly interested and will still be protected by the therapist against too great demands from the group and its members.)

(b) test interpretations and orientations given by the therapist in a group of peers and get their reactions to them,

(c) become aware of the consequences of his behavior through the reactions of others to it who are in the same boat as he is.

Milieu therapy, constructively structured in a very active community of children or youths, guided and counseled by well-trained and experienced adults, gives the juvenile delinquent an opportunity to learn by experiencing. He learns by living and doing, in an understanding, non-threatening, moderately challenging and moderately competitive, accepting, friendly and cooperative environment that his concept of a hostile world, which he thought he had to fight, is wrong. Here he can gain new, less-biased perceptions and can be stimulated by new incentives and motivations to tolerate more frustrations, to make positive choices, to take responsibility and, at the same time, to practice, to experiment and to learn by trial-and-error.